

EXHIBIT B

WALDO CANYON FIRE DISASTER RECOVERY CENTER

Date: _____ No. Of People in Party _____
Today: _____

NAME: _____

Physical Address: _____

Mailing Address: _____

Address Currently _____

Staying: _____

Email: _____

Alternate Email: _____

Cell Phone: _____ Alt. Phone _____

Was your home you ☐ Damaged? ☐ Destroyed?

PLEASE ANSWER THE FOLLOWING:

1. Do you ☐ Rent? ☐ Own?
2. Do you have renters/property/homeowners insurance? ☐ Yes ☐ No
3. Please select the topics related to your most urgent concerns:

- ☐ Food
- ☐ Housing Search

Immediate (several weeks) _____ Interim (several months) _____

- ☐ Rental assistance:

Immediate (several weeks) _____ Interim (several months) _____

- ☐ Health
- ☐ Employment
- ☐ Building/Structure Issues
- ☐ Clean-up
- ☐ Transportation
- ☐ Financial Assistance
- ☐ OTHER: _____

- ☐ Unemployment Insurance
- Name of Business _____
- Employee? ☐
- Owner? ☐

4. Total No. in Household: _____ Adults _____ Children
5. Do you have Pets? _____ Cats _____ Dogs Other? _____
6. Do you have a service animal? _____
7. How many bedrooms are you in need of? _____

Signature: _____

I consent to allow this information to be shared with the City of Colorado Springs and El Paso County Governments.